



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kamali'i	Adrian	K.	8085998705
MAILING ADDRESS (Street)			FAX
1050 Kina'u Street, STE 706			8083560868
(City)	(State)	(Zip Code)	
Honolulu	Hi	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pae 'Aina Communications, LLC			8085998705
MAILING ADDRESS (Street)			FAX
SAME AS ABOVE			8083560868
(City)	(State)	(Zip Code)	

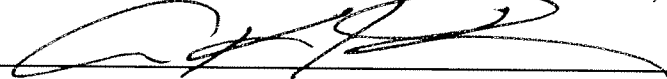
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pae 'Aina Communications, LLC			8085998705
MAILING ADDRESS (Street)			FAX
1050 Kina'u Street			8083560868
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Adrian Kamali'i			8085998705
MAILING ADDRESS (Street)			FAX
SAME AS ABOVE			8083560868
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |


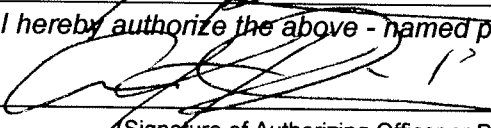
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

X 
(Signature of Lobbyist)

X 1/28/07
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Adrian Kamali'i		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & Chief Consultant	
NAME OF ORGANIZATION (if applicable) Pae 'Aina Communications, LLC		TELEPHONE 8085998705	
MAILING ADDRESS (Street) SAME AS ABOVE		FAX 8083560868	
(City) 	(State) 13	(Zip Code)	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
(Signature of Authorizing Officer or Person Represented) 		(Date) 12/27/07	